



## Kaulunani Urban and Community Forestry Grant Program <u>`ULU LEVEL</u>

### **PRE-PROPOSAL Application**

For Grant Requests OVER \$15,000 or Targeting Special Funding Opportunities

#### **Submission Instructions**

NEW! Applications must be submitted **electronically** in PDF format to: jwanger@smarttreespacific.org

Please call (808) 395-7765 if you do not receive an email confirmation to verify receipt.

This is a **PRE-PROPOSAL** to determine feasibility for submitting a full proposal. For all grant requests \$15,000 and greater, please submit the **pre-proposal form** and a **proposed budget**. Pre-proposals that are invited to submit full proposals will receive notification and further instructions at that time. Please review the **Grant Guidelines** Document and **Grant Opportunities Table** below to help you target your proposals to specific topics and funding opportunities. We are actively looking for community partners to develop urban and community forestry projects for funding. *Incomplete applications will not be considered*.

Applications Must Be Emailed by: March 15th, June 15th, September 15th, December 15th

#### **Grant Opportunities Timeline:**

The table below lists some of the known opportunities for Urban & Community grant funding for which funding is available. We welcome your proposals to pursue any and all opportunities.

| Opportunity   | Pre-proposal<br>Deadline | Grant Deadline               | Funding<br>Range | Who Evaluates          |
|---|--------------------------|------------------------------|------------------|------------------------|
| Forest Service Level II<br>(additional) UCF Funding | 6/15*                    | December 1 to<br>FS Region 5 | \$25K-100K       | Council/DOFAW/FS       |
| NUCFAC  | 4/14/17                  | 5/24/17                      | \$50K-200K       | DOFAW/Staff/<br>NUCFAC |
| Landscape Scale Restoration (WFLC)                  | 6/15/17                  | 9/15/2017                    | \$50K-300K       | DOFAW/Staff/ WFLC      |
| Tree Fund   | Multiple                 | Quarter prior to deadline    | \$10K-100K       | Staff/ Tree Fund       |

<sup>\*</sup>A preproposal 6/15 followed by a complete proposal 9/15 and then attached to the annual proposal to the USFS by 12/1 would be ideally positioned to be considered in the normal UCF "base" or Level II grant funding to the State.



# Kaulunani <u>LARGE GRANT</u> PRE-PROPOSAL Application Form Jrban and Community Grant Program

Urban and Community Grant Program
Please type This page must be the first page of your application packet.

| (For office use only) | _ |
|-----------------------|---|
| Grant #               |   |
| Date Submitted:       |   |

| Island:                       | Puriost Catagoggy                              |
|-------------------------------|--|
|                               | Project Category:                              |
| In response to                |  |
| (RFP/Invitation):             |  |
| Applicant Information         |  |
| Organization Name:            |  |
| Federal Tax ID #:             | 501(c)3 status: YES NO                         |
| Contact Person - (All cor     | respondence will be directed to this contact.) |
| First:                        | Last:  |
| Title:                        |  |
| Mailing Address:              |  |
|                               |  |
| Physical Address              |  |
| of Project:                   |  |
| City:                         | State: Zip:                                    |
| Daytime Phone:                | Fax Number:                                    |
| E-Mail Address:               | TWATTUME                                       |
| Website:                      |  |
| Project Information           |  |
| Project Title:                |  |
| (10 words or less):           |  |
| Mission and goals of          |  |
| your organization:            |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
| Project Objectives:           |  |
| Troject Objectives.           |  |
| Explain the <b>purpose of</b> |  |
| your project in one or        |  |
| two sentences.                |  |
|                               |  |
| Briefly describe your         |  |
| project's objectives and      |  |
| list which Forest Action      |  |
| Plan (FAP) Strategies         |  |
| are being addressed.          |  |
| (500 words or less)           |  |
|                               |  |
|                               |  |
|                               |  |

| <b>Project Description:</b>   |          |                                      |                              |  |  |  |
|---|----------|--------------------------------------|------------------------------|--|--|--|
| (300 words or less):  |          |                                      |                              |  |  |  |
| Describe the activities you will undertake to   |          |                                      |                              |  |  |  |
| accomplish the project.   |          |                                      |                              |  |  |  |
| Identify project partners and key volunteers.   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
| End Product/Result (200   |          |                                      |                              |  |  |  |
| words or less):   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
| Financial Information:  | . 1      | Φ.                                   |                              |  |  |  |
| Funds Requ  |          | \$                                   |                              |  |  |  |
| Total Cash N  |          | \$                                   |                              |  |  |  |
| Total Amount of B   |          | \$                                   |                              |  |  |  |
| Total Amount of Page Signature of Agreement   | roject   | \$                                   |                              |  |  |  |
|   | n conta  | inad harain is accurate. I further o | portify that I have read and |  |  |  |
| I certify that the information contained herein is accurate. I further certify that I have read and understand, and agree to be bound by the grant guidelines and comply with the Title VI of the Civil |          |                                      |                              |  |  |  |
| Rights Act of 1964.   |          |                                      |                              |  |  |  |
|   |          |                                      |                              |  |  |  |
| Signature of Authorized Representative Date   |          |                                      | Date                         |  |  |  |
| organization of Municiped Ne  | Picscill | MLL V C                              | Dutt                         |  |  |  |
|   |          |                                      |                              |  |  |  |
| Name and Title of Authorized Representative (Please print or type)  |          |                                      |                              |  |  |  |

#### Also remember to:

- Place the Pre-Proposal Form at the front of all copies of the packet. Cover letter (optional) may be included **behind** the Application Form.
- Have the Pre-Proposal Form signed by an authorized representative.
- Include budget form.